

The Gateway Paper

Health Systems in Pakistan - a Way Forward

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Pakistan's
Health
Policy
Forum

A health-sector Think Tank

Heartfile

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The Gateway Paper is a product of the consensus-driven Action Plan embodied within the *Statement of Pakistan's Health Policy Forum* – a recently established health-sector *think tank* designed to stimulate, assist in the development of and monitor health policies; foster their implementation and catalyze change through technical and policy support.¹

This Gateway Paper has been prepared to initiate a dialogue within Pakistan's Health Policy Forum. In a true sense, it is a gateway or *opening of new effort* to address the pressing health needs of the country. The intent is to articulate the *raison d'être* for health systems reforms within the country, *propose* a direction for reforms and emphasize the need for an evidence-based approach to reforms. In doing so, the Paper does not take a prescriptive orientation; instead, it provides a perspective on reforms – a strategic view – which is expected to generate broad-based stakeholder dialogue. The Paper has also been structured to assist the Forum with the setting of its priorities and to guide its analytical and technically supportive functions needed to support health systems reforms in the country.

The Gateway Paper makes a strong case for systems reforms. Linkages have been proposed to help Pakistan's health systems and its policy cycle work better together. The Paper reviews issues and proposes solutions for the basic functions of health systems – stewardship, financing, service provision and inputs. It also discusses three distinct interface areas critical to performing these functions; these are the federal-provincial interface, decentralization and the public-private interface. In addition, the Gateway Paper also focuses on several overarching health paradigms such as health promotion, legislation, research and the inter-sectoral scope of health as singular areas, with the understanding that each of these is cross-cutting in its scope. In its Finale, the Gateway Paper synthesizes recommendations from each health systems domain discussed in the paper and presents a *viewpoint on the proposed directions for evidence-based health systems reforms in Pakistan*. The proposed reforms point in the direction of four broad areas namely, reforms within the health sector, overarching measures, reconfiguration of health within an inter-sectoral scope and generating evidence for reforms.

1. Within the health sector, this includes:

- ▶ strengthening the role of the State as the principal steward of the health system;
- ▶ setting of priorities for the use of public funds and definition of priority services to be provided universally;
- ▶ developing alternative service delivery and financing options at the basic healthcare and hospital levels. The former includes community co-management and contracting out arrangements, maximizing efficiency in the same system or transferring management to lower levels of government – an option complementary to the administrative arrangements within decentralization – whereas the latter involve granting autonomy at a management level and the introduction of cost-sharing at the level of financing; and
- ▶ building the capacity of and effectively deploying human resource, establishing a conducive and rewarding working environment and initiating measures to redress imbalances with regard to the existing staff.

2. At an overarching level, this involves:

- ▶ establishing a legal, policy and operational framework for public-private partnerships in order to foster arrangements that bring together organizations with the mandate to offer public good on the one hand, and those that could facilitate this goal through the provision of resources, technical expertise or outreach, on the other;
- ▶ building conscious safeguards in order to offset the risk of creating access and affordability issues for the poor in the new service delivery arrangements. This includes the establishment of social health insurance as part of a comprehensive social protection strategy that scopes beyond the formally employed sector, providing a widely inclusive safety net for the poor and the strengthening of waiver and exemption systems in order to provide subsidies to treat poor patients; and
- ▶ institutionalizing civil service reforms centered on good governance, accountability, crackdown on corruption, factoring in of performance-based incentives, mainstreaming managerial audit and building safeguards against political and external interference.

3. Within an inter-sectoral scope, this entails:

- ▶ developing alternative policy approaches to health within its inter-sectoral scope with careful attention to the social determinants of health and several contemporary considerations that influence health status;
- ▶ redefining targets within the health sector in order to garner support from across various sectors and setting these targets within an explicit policy framework in order to foster inter-sectoral action; and
- ▶ creating intersectoral agencies that concentrate on prevention and health promotion at multiple levels – legislative, ministerial and others as necessary; development of dedicated provincial agencies that implement such programmes and overarching policy and legislation for health promotion.

4. **Generating evidence for reforms:** health reforms must be firmly grounded in evidence, which in turn, should be utilized for appropriate modifications as the reforms get on their way to being implemented – an approach, which allows action accompanied by rigorous evaluation and up-gradation of programmes and policies. The individual components of the health reforms being proposed also mandate robust evaluation; this can allow the evaluation of competing concepts and can, therefore, guide the up-scaling of appropriate initiatives for broader systems-wide adoption. This is critical to the development of well-structured and sustainable service delivery and financing mechanisms. Table 33 on page 180 outlines a list of priority areas where health policy, systems and operational research should focus in order to yield evidence critical to the success of the proposed reforms.

The Gateway Paper concludes by stating that health cannot be extricated from the political, economic, social and human development contexts and that reform within the healthcare system and the health system cannot be separated from several overarching processes. It is widely recognized that factors, which determine health status range much broader than those that are within the realm of the health sector and that modern healthcare has less of an impact on population health outcomes than economic status, education, housing, nutrition, sanitation and population dynamics. A contemporary outlook to health also links it with other sectors. Global pandemics and macro-environmental changes such as global warming and changing ecosystems may have implications for spread of disease and its control; mass damage by biological weaponry is a possible threat to civil infrastructure with public health implications and natural disasters and humanitarian crises as a result of conflict and acts of terrorism are known to impact the health status of those affected. Furthermore, liberalization of international trade under WTO, development of new communication technologies and forms of health financing and governance

and the creation of global markets have created a globally interconnected world with implications, both for public health as well as the medical management of diseases. Within this paradigm, health needs to be viewed in a broader national and international policy context. This highlights the need to link health with social justice, politics, trade, environment and national security, disaster planning and technology. Sustainable progress at the health systems and healthcare systems levels, therefore, depends to a large extent, on the manner in which progress is made in all these areas in addition to human development, the overall rate of economic growth and improvements at a governance level.